V. S. No. 2
50M—5-42
. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16021

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4676

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Desloge Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8-days (Specify whether years, months or days)

In this community 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4464a Chouteau Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sarah Doolan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. | 5. Color or race W. | 6. (a) Single, widowed, married, divorced / M.

6. (b) Name of husband or wife Peter Doolan

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Aug. 24th., 1884 (Month) (Day) (Year)

8. AGE: Years 58 | Months 8 | Days 24 | If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Lawrence Cahalin

13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER 14. Maiden name Mrs. Walsh

15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mr. Peter M. Doolen

(b) Address 4464a Chouteau Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) MAY 20 1943 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th., year 1943 hour 9 minute 20 a. M.

21. I hereby certify that I attended the deceased from 5-8-, 1943 to 5-18-, 1943 that I last saw h. alive on 5-18-, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Nephrosclerosis	?
Cardiac Hypertrophy	?
Due to: Hypertensive Cardiac Disease	?
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy as above.	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. J. Kotkis M.D. (M. D. or other)

Address 462 N. Taylor Date signed 5/19/43

(Licensed Embalmer's Statement on Reverse Side)

[redacted] J. Kotkis
462 N. Taylor Ave. 1-530

2010

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.